



# Village of Dolton Police Department Business License Application



14030 Park Avenue, Dolton, Illinois 60419  
Phone: 708.841.2533 Fax: 708.201.3249

Name of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_  
 (Cannot be a P.O. Box)      Street                      Apt/Unit                      City                      State                      Zip

Phone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_

Hours of Operation: Mon-Fri. \_\_\_\_\_ Sat. \_\_\_\_\_ Sun. \_\_\_\_\_

Alarm System on Premises:  Yes  No If yes, List Monitoring Company \_\_\_\_\_

Fire Alarm System on Premises:  Yes  No If yes, List Monitoring Company \_\_\_\_\_

**Key Holders, Managers and Responsible Employees to Notify in Case of Emergency  
(Please list in order to be called)**

Name	Home Phone	Cell	Email
Name	Home Phone	Cell	Email
Name	Home Phone	Cell	Email

**I understand that the issuance of this license is conditioned upon compliance with all the Village of Dolton ordinances, the results of any inspection of the above premises and any subsequent inspection while this license is in force. I further understand that if at anytime any of the above information changes, including ownership or incorporation, I will dutifully notify the Village of Dolton.**

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Title: \_\_\_\_\_

Date \_\_\_\_\_